



**University of  
Zurich**<sup>UZH</sup>

**Zurich Open Repository and  
Archive**

University of Zurich  
University Library  
Strickhofstrasse 39  
CH-8057 Zurich  
[www.zora.uzh.ch](http://www.zora.uzh.ch)

---

Year: 2000

---

## **Reply to Dr M.A. Padalino's comment**

Prêtre, René

DOI: [https://doi.org/10.1016/s1010-7940\(00\)00551-0](https://doi.org/10.1016/s1010-7940(00)00551-0)

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-154973>

Journal Article

Published Version

Originally published at:

Prêtre, René (2000). Reply to Dr M.A. Padalino's comment. *European Journal of Cardio-Thoracic Surgery*, 18(4):501.

DOI: [https://doi.org/10.1016/s1010-7940\(00\)00551-0](https://doi.org/10.1016/s1010-7940(00)00551-0)

Letter to the Editor

Reply to Dr M.A. Padalino's comment

René Prêtre\*, Marko I. Turina

*Cardiovascular Surgery, University Hospital Zürich, Rämistrasse 100, 8091 Zürich, Switzerland*

27 March 2000; 18 July 2000

The comment made by Dr Padalino and associates and the article they recently published in *The Annals of Thoracic Surgery* [1] on closure of apical septal defects are disturbing our beliefs in the approach to these defects. Clearly, an incision on the left ventricle, as we reported, is far from been ideal, even though the risks associated with the incision usually seem acceptable in face of the problems caused by significant defects. The pertinent observation they made, that these defects lie between the apex of the left ventricle and the apex of the right ventricle infundibulum (and not between the apex of the left ventricle and the apex of the right ventricle sinus) prompted them to investigate an incision in the apex of the right ventricle infundibulum. In the article, they report a successful closure of the defect in four patients. It has also been our experience to find these defects anteriorly and inferiorly, and to the left of the moderator

band and multiple trabeculations. This area, which is hardly accessible through the right atrium, might indeed be readily accessed with an incision in the right ventricle apex. Although a larger experience is necessary to assess the value of this incision, this approach will without doubts appeal to many surgeons. We commend Dr Padalino and associates on an astute new approach and invite the reader to examine their full report.

**References**

- [1] Stellin G, Padalino M, Milanesi O, Rubino M, Casarotto D, Van Praagh R, Van Praagh S. Surgical closure of apical ventricular septal defects through a right ventricular apical infundibulotomy. *Ann Thorac Surg* 2000;69:597–601.

---

\* Corresponding author.